Federal Work Study (FWS) Off Campus Agreement

This agreement is entered between SUNY Oneonta, hereinafter known as the “Institution,” and ____________________________, hereinafter known as the “Organization,” a (federal, state, or local public agency), (private nonprofit organization), for the purpose of providing work to students eligible for the Federal Work-Study [FWS] Program.

Schedules to be attached to this agreement from time to time must be signed by an authorized official of the institution and the organization and must set forth:

1. Brief descriptions of the work to be performed by students under this agreement;
2. The maximum number of student to be employed;
3. The hourly rate of pay;
4. The average number of hours per week each student can work.

These schedules will also state the total length of time the project is expected to run. The institution will inform the organization of the maximum number of hours per week a student may work.

Students will be made available to the organization by the institution to perform specific work assignments. Students may be removed from work on a particular assignment or from the organization by the institution, either on its own initiative or at the request of the organization. The organization agrees that no student will be denied work or subjected to different treatment under this agreement on the grounds of race, color, national origin, or sex. It further agrees that it will comply with the provisions of the Civil Rights Act of 1964 (Pub. L. 88-352; 78 Stat. 252) and Title IX of the Education Amendments of 1972 (Pub. L. 92-318) and the Regulations of the Department of Education that implement those acts. Transportation for students to and from their work assignments will not be provided by either the institution or the organization.

The institution is considered the employer for purposes of this agreement. It has the ultimate right to control and direct the services of the student for the organization. It also has the responsibility to determine whether the student meet the eligibility requirements for employment under the Federal Work-Study Program, to assign students to work for the organization, and to determine that the student(s) do, in fact, perform their work. The organization’s right is limited to direction of the details and means by which the result is to be accomplished.

Compensation of students for work performed on a project under this agreement will be disbursed – and all payments due as an employ’s contribution under state or local workers’ compensation laws, under federal or state social security law, or under other applicable laws, will be made – by the institution.

The institution will provide timesheets to be completed by student employees and certified by supervisor. The organization will furnish to the institution for each payroll period the following records for review and retention:

a. Bi-weekly timesheets indicating the total hours worked each week in clock time sequence and containing the supervisor’s certification as to the accuracy of the hours reported.

b. Timesheets must be faxed by 3pm on the date due to 607-436-2659, the SUNY Oneonta Financial Aid Office. In addition, original timesheets must be mailed directly to the SUNY Oneonta Financial Aid Office using the provided postage paid envelope. All original timesheets must be postmarked and received within five business days: SUNY Oneonta Financial Aid Office, 123 Netzer Administration, Oneonta, NY 13820

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Agency Name: __________________________________________
Contact Name: __________________________________________ Email: ________________________________
Business Phone: ___________________________   Business Fax: ________________________________
Organization Address: __________________________________________

1. _____ Non-Profit _____ For Profit

2. Agency Mission Statement and Description of Clients Served:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Agency Funding Sources (check all that apply):
   _____ Federal
   _____ State
   _____ County/City
   _____ United Way
   _____ Other (explain)

4. Agency’s Staffing (number of positions):
   _____ Full-time paid staff
   _____ Part-time paid staff
   _____ Student employees
   _____ Volunteers

5. Is public transportation accessible to students assigned to your organization? (check one):
   Yes_______  No________
   If yes, please provide all modes of available transportation: (example: Oneonta Public Transit (OPT)-bus stop on site)
   ____________________________________________________________
   ____________________________________________________________

Signature ___________________________  Date of Contract ___________________________
Print Name ___________________________  Title ___________________________